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Fostering social connection for global health: the essential role of social connection in combating loneliness, social isolation and inequities in health

Report by the Director-General

Introduction

1. In May 2025, the Seventy-eighth World Health Assembly adopted resolution WHA78.9 on fostering social connection for global health: the essential role of social connection in combating loneliness, social isolation and inequities in health. The resolution called for a report on the outcome of the WHO Commission on Social Connection, which was submitted to the Executive Board at its 158th session.[1] The present report responds to the request to report on implementation to the Eightieth World Health Assembly in 2027, through the Executive Board at its 160th session. It outlines recent WHO activities to implement resolution WHA78.9 and strengthen the integration of social connection across public health.

Burden and impact of loneliness and social isolation

2. Social well-being is an integral but often overlooked dimension of health. Social connection – the ways in which people relate to and interact with others – is central to social well-being and is increasingly recognized as an important social determinant of health. Resolution WHA78.9 recognizes that social connection is linked with other social, economic and environmental determinants of health, with cumulative impacts on health and health equity.

3. The report of the WHO Commission on Social Connection[2] indicates that social disconnection is widespread and has important consequences for health and well-being across the life course. Globally, about one in six people experienced loneliness between 2014 and 2023. Loneliness is particularly common among young people: 17–21% of people aged 13–29 years report loneliness, with the highest levels among adolescents (aged 13–17 years). There are also substantial socioeconomic inequalities: around 24% of people in low-income countries report loneliness,

[1] Documents EB158/28 and A78/4.

[2] From loneliness to social connection: charting a path to healthier societies. Geneva: World Health Organization; 2025.

compared with around 11% in high-income countries. Available evidence on social isolation is more limited but indicates that as many as one in three older adults during the period of 1990 to 2023, and approximately one in four adolescents (aged 11–19 years) during the period of 2002 to 2018, may have been socially isolated.

4. The health impacts are substantial. Loneliness was associated with an estimated 871 000 deaths annually during 2014–2019. Loneliness and social isolation are associated with increased risks of cardiovascular disease, stroke, high blood pressure and diabetes, as well as poorer mental health. Loneliness is associated with depression and anxiety and with thoughts of self-harm or suicide; people who experience loneliness have approximately twice the risk of developing depression. Social disconnection is also associated with cognitive decline and dementia in older age. Conversely, strong social connection can protect mental and physical health and support longer, healthier lives.

5. The consequences of social disconnection extend beyond health. Social disconnection can affect education, employment and income, undermine community resilience and generate costs through increased healthcare expenditure and lost productivity.

6. The burden is not distributed equally. Social connection is shaped by conditions across the life course and by social, economic and environmental determinants. People with disabilities, refugees and migrants, Indigenous Peoples and ethnic minorities, and other groups experiencing discrimination or exclusion may face greater barriers to social connection. Disruptive life transitions, poor health, low income, inadequate social infrastructure and exclusion can also increase the risk of loneliness and social isolation.

7. The Commission concluded that effective action requires a comprehensive approach spanning policy, research, interventions, measurement and data, and engagement. Resolution WHA78.9 builds on this agenda, calling for social connection to be incorporated into the public health agenda and for Member States and the Secretariat to strengthen policies, monitoring, research, technical assistance and cross-sectoral action.

Challenges to strengthening social connection and addressing loneliness and social isolation

8. Important evidence and data gaps remain. Evidence is considerably stronger for loneliness than for social isolation and other dimensions of social connection, and much of the existing research has been conducted in North America and Europe. Data on prevalence, drivers and health impacts remain particularly scarce in lower- and middle-income countries. More consistent, inclusive and contextually relevant approaches to measurement and monitoring are needed to identify populations at greatest risk, track trends and assess progress. Evidence on effective responses is growing but remains uneven. Interventions range from individual approaches, such as social skills training and psychological interventions, to community strategies, including social prescribing and improvements in social infrastructure, and broader policy measures. Evidence is particularly limited for community- and societal-level interventions, for some population groups, including young people and persons with disabilities, and in low- and middle-income countries. Further evidence synthesis and evaluation are needed to identify what works, for whom and in which contexts.

9. National policy action remains at an early stage. Eight countries identified in the Commission's report have adopted policies specifically addressing social connection, while other countries are beginning to integrate social connection into broader health and social policies. Implementation requires sustained political support, financing and coordination across sectors. Relatively few national policies have yet been rigorously evaluated. Greater exchange of experience between countries will be important as Member States develop and scale up action.

10. Digital technologies are transforming how people connect, with both potential benefits and risks. These technologies can facilitate connection and participation, including for people facing geographical, mobility or other barriers, but some forms of use may contribute to social disconnection or poorer mental health. Effects vary according to the technology, how and why it is used and by whom. Further research and monitoring are needed, particularly for children and young people, alongside approaches that promote safe and responsible use of digital technologies, including social media and artificial intelligence.

11. Strengthening social connection requires action beyond the health sector. Opportunities for connection are shaped by policies and environments across education, employment, housing, transport, urban and community development, culture, digital environments and other sectors. Effective responses therefore require coordinated multisectoral action, adequate resources and meaningful involvement of communities and people with lived experience. Building the mechanisms and capacity to sustain such action remains a significant implementation challenge.

Secretariat activities to implement resolution WHA78.9

Integrating social connection across WHO's public health agenda, research priorities and capacity-building initiatives

12. The Secretariat has continued to embed social connection across relevant areas of WHO's work, aligned with the Fourteenth General Programme of Work, 2025–2028, and in support of implementation of the Sustainable Development Goals, particularly Goal 3 on ensuring healthy lives and promoting well-being for all, and other international and regional commitments.[3] Links have been strengthened with programmes on healthy ageing, life-course approaches, adolescent health, mental health and brain health, disability, and digital technologies.

13. Recent WHO guidance and publications have increasingly addressed loneliness, social isolation and social connection across healthy ageing,[4] life-course approaches,[5] dementia risk

[3] See, for example, United Nations General Assembly resolution 80/5 (2025) and United Nations Human Rights Council resolution 61/18 (2026) (accessed 15 October 2026).

[4] Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care, 2nd ed. Geneva: World Health Organization; 2025.

[5] Framework to implement a life course approach in practice. Geneva: World Health Organization; 2025.

reduction,[6] youth mental health and well-being including digital determinants,[7] social prescribing,[8] and age-friendly cities and communities.[9]

Developing recommendations and guidance

14. The Secretariat is developing guidelines on individual- and interpersonal-level interventions to reduce social isolation and loneliness across the life course, for which the Guideline Development Group has agreed scope, priority questions, outcomes and methodological framework, including consideration of equity, human rights, feasibility and societal impacts. Recommendations informed by systematic reviews are also being developed as part of the guidelines drafting process. The final guidelines are due to be published in the first half of 2027. In parallel, efforts are under way to establish a policy database and corresponding policy lab to promote social connection (see paragraph 16), which will help to build the evidence base and practical experience needed to support guidance on integrating social connection into national health policies and programmes.

Strengthening data and supporting cross-regional research

15. The Secretariat has advanced work to strengthen comparable data on social connection, social isolation and loneliness. A proposal for a global index on social connection has been developed to provide standardized measures that could enable countries to assess levels of, and inequalities in, social connection and to monitor progress over time. Technical development is expected to begin in January 2027, starting with a review of existing measures and consideration of their applicability across cultural, social and regional contexts. WHO has also completed a global priority-setting exercise on research on social connection, social isolation and loneliness to help direct research towards the most important evidence gaps and encourage greater investment in underrepresented populations and settings. This work responds to the resolution's request for support to cross-regional studies and improved data to inform evidence-based policy.

Supporting Member States to design and implement policies and interventions

16. The Secretariat has strengthened support for policy development and exchange between Member States. A global database of policies addressing social connection, loneliness and social isolation is being developed as a foundation for a social connection policy lab, intended to facilitate policy learning, capacity-building and exchange between countries. WHO is also working with the Government of Austria to host the first International Conference on Loneliness and the Human Rights of Older Persons, in February 2027, providing an early opportunity for structured exchange on policy approaches. These activities are intended to strengthen WHO's capacity to respond to requests from Member States for technical assistance on policy design and implementation.

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[6] Risk reduction of cognitive decline and dementia: WHO guidelines, 2nd ed, and its Web annex B: evidence profile and evidence-to-decision table for social activity. Geneva: World Health Organization; 2026.

[7] Addressing the digital determinants of youth mental health and well-being: policy brief. Copenhagen: World Health Organization. Regional Office for Europe; 2025.

[8] See the Lancet Group's Global Health Series on social prescribing in the Western Pacific region (accessed 15 October 2026).

[9] Strengthening social connection through age-friendly cities and communities. Geneva: World Health Organization; 2026 (accessed 29 October 2026).

Integrating social connection into health systems and broader health programmes

17. The Secretariat is identifying opportunities to integrate social connection and the prevention of loneliness and social isolation into relevant health programmes, including primary healthcare and universal health coverage, while addressing the benefits and risks of digital technologies.

Strengthening intersectoral action, local development and resource mobilization

18. Recognizing that social connection is shaped by determinants beyond the health sector, the Secretariat has worked to broaden collaboration with civil society, academic institutions, philanthropic organizations and other stakeholders. WHO has convened civil society organizations identified through global network mapping and is supporting the development of a wider global ecosystem for social connection. A series of connection conversations that brought together stakeholders working on linked issues, such as men's health, disability and accessibility, digital technologies, and age-friendly cities and communities, helped to identify shared priorities, establish opportunities for collaboration and support efforts to mobilize the resources required to implement the resolution.

Collaboration, advocacy and engagement with Member States and the United Nations system

19. Following publication of the Commission's report, WHO has worked with Member States and United Nations entities to strengthen recognition of social connection as a public health and social and economic development priority at major global and regional forums. Engagements have included the high-level week at the General Assembly of the United Nations (2026), the Health Assembly (2026), the Global Model WHO (2025) and the Second World Summit for Social Development (2025). The Commission's Social Connection Series has complemented this work by amplifying lived experience and highlighting the impacts of loneliness and social isolation on health and well-being. The Secretariat has worked with the WHO Youth Council, other youth engagement mechanisms and the Organisation for Economic Co-operation and Development to ensure that young people's perspectives and youth-led solutions inform the global response.

20. The Technical Advisory Group on Social Connection, established in February 2024 to provide expert advice at the global level on social connection, social isolation and loneliness, has been extended until February 2028.

Priorities for further implementation

21. Further implementation of resolution WHA78.9 will require sustained technical and financial capacity to support Member States, particularly to strengthen comparable data and measurement, develop and implement evidence-informed policies and interventions, complete and disseminate normative guidance, and deepen action across sectors and the United Nations system. Particular attention will be needed to ensure that these efforts address inequalities in social connection and generate evidence and solutions relevant to low- and middle-income countries and populations that remain underrepresented in existing research.

Action by the Executive Board

22. The Board is invited to note the report. It is further invited to provide guidance in respect of the following questions.

- Where do Member States see the greatest opportunities to integrate social connection across WHO's public health agenda, including primary healthcare, universal health coverage, relevant health programmes and work on risk factors and determinants of health?

- Given current technical and financial constraints, what should the Secretariat prioritize in its support for Member States in implementing resolution WHA78.9?
